110 10 10 10 10 10 10 10 10 10 10 10 10	VEC
UMMD Referral - No InterQual Criteria Available	IYES

Deferred							
Referral	01-1	COMPLET	_	O11 D		A = : = = = = 1 T	
Reference #: 00935772	Stati	us: COMPLETE		Created By	: Imcnamee	Asigned T	0
D.C.							
Patient							
Patient: POLLARD, CHARL	<u> ES</u>		Inmate #: 14	70566MR	DOB:	Sex	x : M
Facility						T	
Client: MARYLAND DPSCS	3	Facility: JES	SUP CORRE	CTIONAL IN	NSTITUTN	Cos	st Center: 91211
Other Coverage							
Corizon Responsible: Y	Othe	er Coverage: N	ļ	Other Cove	rage Type:	Effective	Date:
Comments							
Medical Categories							
Medical Classification: Ou	tpatient Pr	ocedure		Subcatego	ry: Musculoske	letal	
	•						
Reason for Referral							
Operative repair of lumbar h	ernia						
Diagnosis							
	disc disord	ers with myelop	nathy lumhar	region		PR	INCIPAL
morror interventebran	aloo aloora	oro with myorop	satiry, iairisar	rogion		Įi i k	III / L
Authorizaiton Details							
Referred From: ALENDA, E	DEDNIADO			Referred To			
# of Appts: 1		ent: N		Urgent Rea			
# Of Applis.	loide	HIL IN		orgent Kea	3011.		
A							
Authorization Services					0 D-1-	A 1	11-24-
Service Category	/F 0\/0TF	· N. 4			Seen Date	Approval	Units
CPT; SURGERY; DIGESTIV	/E SYSIE	IVI			5/19/2021	Y	1
Appointments & Verification		_					
	ime	Seen Date		Cancel/Res	chedule Reaso	n	
5/19/2021	:30 AM	5/19/2021					
Clinical Notes							
CORIZONHEALTH\RHesei	mann - Ap	r 7, 2021 5:35	PM				

CORIZONHEALTH\MBartels - Apr 7, 2021 4:56 PM

CORIZONHEALTH\mdubrawsky - Apr 7, 2021 3:23 PM Request for operative repair of lumbar hernia reviewed. No IQ criteria specific to request. Submitted to UMMD for review.

Imcnamee - Apr 7, 2021 9:06 AM Patient: CHARLES POLLARD ID#: 241320 DOB:
Off-site Reference #: Routine Date of Request: 04/06/2021 2:14 PM 3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.): Maryland DPSCS
For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.
Procedure/Test Requested: Operative repair of lumbar hernia
Specialty Service Requested: Surgery
Provider: UMMC
Presumed Diagnosis: Hernia, site NEC w/obst w/o gngr 552.8
Signs & Symptoms: Date of Onset: 61 y.o. AAM inmate was at UMMC on 4/5/21 for evaluation of symptomatic recurrent lumbar hernia by Dr. Stephen Kavic. In 2010 he was diagnosed with lumbar hernia and had repair of lumbar hernia at Bon Secours Hospital. In 2013 he started having severe back pain in the lower back and developed a swelling > 5cm on the right border of the lumbar spine over the old surgical scar. Dr. Kavic recommends operative repair, which can be performed in open fashion. Please schedule procedure as soon as it is feasible.
Site Medical Provider: Bernard Alenda, NP 04/06/2021
Copy this form and paste in an email and send form to designated reviewer
(For UM use only)
Criteria Source: M & R Interqual Other Criteria met: Yes No Deferred
Reviewer comments:
Recommendation for visit appointment:
Visits:
UM Review #: Reviewer Name: Date Reviewed:

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

CORIZONHEALTH\mdubrawsky - Apr 7, 2021 3:23 PM No IQ criteria specific to request.

Documents		
File	Description	Uploaded By

Pollard, Charles UMMS General Surgery 4.5.21.pdf	Charles Pollard	CORIZONHEALTH\Imcnamee on Apr 7, 2021 9:08 AM
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Attributes	
UMMD Referral - No InterQual Criteria Available	YES

Referral							
Reference #	eference #: 00946945 Status: COMPLETE			Created By: Imcnamee Asign			0
Patient			1		1		
Patient: POI	LARD, CHARLES		Inmate #: 14	170566MR	DOB:	Sex	:: M
Facility							
Client: MAR	YLAND DPSCS	Facility: JES	SSUP CORRE	ECTIONAL IN	NSTITUTN	Cos	st Center: 91211
Other Covera	age						
Corizon Res	ponsible: Y	Other Coverage: N	J	Other Cove	erage Type:	Effective	Date:
Comments							
Medical Cate	gories						
Medical Cla	ssification: Office \	/isit		Subcatego	ry: General Surge	ry	
Reason for F	Referral						
POST OP vis	sit						
Diagnosis							
M51.06 Intervertebral disc disorders with myelopathy, lumbar			region		PRI	NCIPAL	
Authorizaitor	Details						
Referred From: KIABAYAN, HAMID Referred To:							
# of Appts: 1 Urgent: N		Urgent Reason:					
Authorization	Services						
Service Cate	gory				Seen Date	Approval	Units
CPT; EVALUATION AND MANAGEMENT; OFFICE OR OTHER OUTPATIENT SERVICES				6/21/2021	Υ	1	
Annointment	s & Verification						

Cancel/Reschedule Reason

Clinical Notes

6/21/2021

Scheduled Date

CORIZONHEALTH\Imcnamee - Jun 3, 2021 11:22 AM Email sent to Jazymn Bess for scheduling at UMMS

Time

12:40 PM

CORIZONHEALTH\mdubrawsky - Jun 3, 2021 9:13 AM
Request for first post-op follow-up reviewed and approved via abbreviated review.
No IQ required.

Seen Date

6/21/2021

Sent to site.

Imcnamee - Jun 3, 2021 6:54 AM Patient: CHARLES POLLARD ID#: 241320 DOB:
Off-site Reference #: Date of Request: 06/02/2021 10:54 AM 3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.): Maryland DPSCS
For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.
Procedure/Test Requested: POST OP visit
Specialty Service Requested: Dr. Kavic
Signs & Symptoms: Date of Onset: 62 YO AAM with PMH of Lumbar hernia s/p repair in 2013, chronic low back pain, T2DM none insulin depended, HTN and dyslipidemia recently on 5/19/2021 had an open repair of lumbar hernia in UMMC by Dr. Kavic. His procedure was without complication and very smooth recovery. He surgical wound healing is uneventful. He need post OP follow up appointment with Dr. Kavic in 8-10 week
Site Medical Provider: Hamid Kiabayan, MD 06/02/2021
Copy this form and paste in an email and send form to designated reviewer
(For UM use only)
Criteria Source: M & R Interqual Other Criteria met: Yes No Deferred
Reviewer comments:
Recommendation for visit appointment:
Visits:
UM Review #: Reviewer Name: Date Reviewed:
Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.
Hamid Kiabayan M.D. Internal Medicine hamid.kiabayan@corizonhealth.com

Intera	ıal	Notes	

Jessup Correctional Institution 7800 House of Corrections Road Jessup, MD 20794

CORIZONHEALTH\mdubrawsky - Jun 3, 2021 9:13 AM

No IQ required.

Documents		
File	Description	Uploaded By

Po;;ard,Charles 5.19.21 UMMS General Surgery.pdf	Charles Pollard	CORIZONHEALTH\Imcnamee on Jun 3, 2021 6:55 AM
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Attributes	
Abbreviated Review	YES

Case 8:23-cv-01481-PJM₈ / Document 26-20, Filed 11/18/23 Page 8 of 31

UNIVERSITY OF MARYLAND MEDICAL CENTER

22 South Greene St. Baitimore MD 21201 Pollard, Charles L MRN: 0001232796, DOB: Visit date: 10/21/2019

Sex: M

10/21/2019 - Office Visit in UMM Digestive Health UM Medical Ctr

Clinical Notes

Progress Notes

Stephen M. Kavic, MD at 10/21/2019 10:00 AM

SUBJECTIVE

Charles L Pollard is a 60 y.o. male.

No chief complaint on file.

HPI

Mr. Pollard is a 60 year old man who is referred with a recurrent lumbar hernia.

He developed a bulge in the posterior right back in 2010, but was minimally symptomatic until 2013. He underwent open repair, but immediately noted a recurrent bulge. The patient has noticed the bulge for the past six, but it recently has become more painful. The pain is dull, moderate intensity, well-localized, non-radiating, and associated with abdominal strain. It is partially alleviated by rest, and not associated with meals.

There have been no signs or symptoms of obstruction, such as nausea or vomiting. There are no systemic signs or symptoms such as fever or chills.

Review of Systems

Constitutional: Negative for diaphoresis, fatigue and fever.

HENT: Negative. Eyes: Negative.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative.

Gastrointestinal: Negative for abdominal pain, constipation, nausea and vomiting.

Endocrine: Negative. Genitourinary: Negative.

Musculoskeletal: Positive for back pain.

Skin: Negative.

Allergic/Immunologic: Negative.

Neurological: Negative. Hematological: Negative.

Psychiatric/Behavioral: Negative.

OBJECTIVE

BP (!) 134/89 (Site: Arm - Right, Position: Sitting, Cuff Size: Adult - Regular) | Pulse 68 | Temp 36.6 °C (97.8 °F) (Oral) | Resp 16 | Ht 6 4" (1.93 m) | Wt 237 lb (107.5 kg) | SpO2 100% | BMI 28.85 kg/m²

Physical Exam

Constitutional: He is oriented to person, place, and time. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. Neck: Normal range of motion. Neck supple. No JVD present. No thyromegaly present.

Printed on 10/28/19 11:31 AM

Page 1

Pollard MR - 000651 Date: 11/06/2019

Name: POLLARD, CHARLES

DOF

DUC # 241320

Case 8:23-cv-01481-PJM-/ Document 26, 20, Filed 11/18/23 Page 9 of 31

UNIVERSITY OF MARYLAND MEDICAL CENTER 22 South Greene St.

Pollard, Charles L MRN: 0001232796, DOB: Visit date: 10/21/2019

Sex: M

Baltimore MD 21201 Visit date: 10/21/2019
10/21/2019 - Office Visit in UMM Digestive Health UM Medical Ctr (continued)

Clinical Notes (continued)

Cardiovascular: Normal rate and normal heart sounds.

No murmur heard.

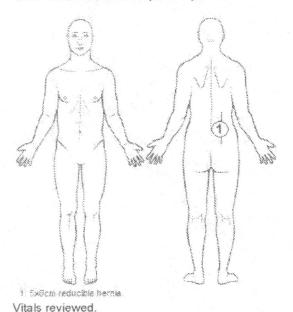
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness.

Musculoskeletal: Normal range of motion. He exhibits no edema.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. No erythema.



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ASSESSMENT/PLAN

Diagnoses and all orders for this visit:

Lumbar hernia

In summary, Mr. Pollard is a 60 year old man presenting with a symptomatic, recurrent lumbar hernia. I recommend operative repair, which can be performed in open fashion. I have addressed the risks, benefits, and alternatives, and the patient understands and is eager to proceed. Specific risks include bleeding, infection, visceral injury, and the possibility of hernia recurrence. We will schedule the procedure at the patient's earliest convenience.

Electronically signed by Stephen M. Kavio, MD at 10/21/19 1145.

Printed on 10/28/19 11:31 AM

Page 2

Pollard MR - 000652 Date: 11/06/2019 Case 8:23-cv-01481-PJM Document 26-20 Filed 11/18/23 Page 10 of 31

04/08/2021 10:53 UMMC General Surgery

(FAX)410 328 5919

P.002/009

Pollard, Charles L (MRN 0001232796) DOB

Encounter Date: 04/05/2021

Pollard, Charles L

MRN: 0001232796

Office Visit 4/5/2021

Provider: Stephen M. Kavic, MD (General Surgery)

UMM Digestive Health UM

Primary diagnosis: Lumbar hernia

Medical Ctr

Reason for Visit: Procedure (Specify); Referred by Bernard Alenda, CRNP

Progress Notes

Stephen M. Kavic, MD (Physician) - General Surgery

SUBJECTIVE

Charles L Pollard is a 61 y.o. male.

Patient presents with:

Procedure (Specify): Lumbar hernia

HPI

Mr. Pollard is a 61 year old man who returns with a recurrent lumbar hernia. I saw him in 2019.

He developed a bulge in the posterior right back in 2010, but was minimally symptomatic until 2013. He underwent open repair, but immediately noted a recurrent bulge. The patient has noticed the bulge for the past six, but it recently has become more painful. The pain is dull, moderate intensity, well-localized, non-radiating, and associated with abdominal strain. It is partially alleviated by rest, and not associated with meals.

There have been no signs or symptoms of obstruction, such as nausea or vomiting. There are no systemic signs or symptoms such as fever or chills.

Review of Systems

Constitutional: Negative for diaphoresis, fatigue and fever.

HENT: Negative. Eyes: Negative.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative.

Gastrointestinal: Negative for abdominal pain, constipation, nausea and vomiting.

Endocrine: Negative. Genitourinary: Negative.

Musculoskeletal: Positive for back pain and gait problem.

Skin: Negative.

Allergic/Immunologic: Negative. Hematological: Negative.

Psychiatric/Behavioral: Negative.

OBJECTIVE

Printed by Lynn Miller, RN at 4/7/21 9:57 AM

Page 1 of 4

Pollard, Charles L (MRN 0001232796) DOB:

Encounter Date: 04/05/2021

BP (!) 149/84 (Site: Arm - Right, Position: Sitting, Cuff Size: Adult - Regular) | Pulse 81 | Temp 37.1 °C (98.7 °F) (Temporal) | Resp 18 | Ht 6' 4" (1.93 m) | Wt 237 lb (107.5 kg) | Sp02 98% | BMI 28.85 kg/m²

Physical Exam

Constitutional:

General: He is not in acute distress.

HENT

Head: Normocephalic and atraumatic.

Eyes

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Thyroid: No thyromegaly.

Vascular: No JVD.

Cardiovascular:

Rate and Rhythm: Normal rate.

Heart sounds: Normal heart sounds. No murmur.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress. Breath sounds: Normal breath sounds. No wheezing.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

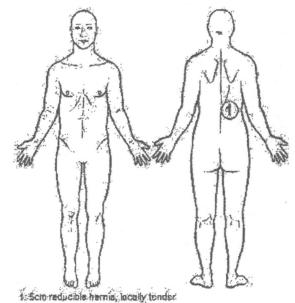
General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Findings: No erythema.



Neurological:

Printed by Lynn Miller, RN at 4/7/21 9:57 AM

Page 2 of 4

Pollard, Charles L (MRN 0001232796) DOB:

Encounter Date: 04/05/2021

Mental Status: He is alert and oriented to person, place, and time.

ASSESSMENT/PLAN

Diagnoses and all orders for this visit:

Lumbar hernia

In summary, Charles L Pollard is a 61 y.o. year old male presenting with a symptomatic recurrent lumbar hemia. I recommend operative repair, which can be performed in open fashion. I have addressed the risks, benefits, and alternatives, and the patient understands and is eager to proceed. Specific risks include bleeding, infection, and the possibility of hernia recurrence. We will schedule the procedure at the patient's earliest convenience.

Instructions

General Surgery office

Main number 410 328 6187

Digestive Health Center

Phone: 410 328 2877 Fax: 410 328 2711

After Visit Summary (Printed 4/5/2021)

Additional Documentation

Vitals:

BP 149/84 ? (Abnormal) (Site: Arm - Right, Position: Sitting, Cuff Size: Adult - Regular)

Pulse 81 Temp 37.1 °C (98.7 °F) (Temporal) Resp 18 Ht 6' 4" (1.93 m)

Wt 237 lb (107.5 kg) SpO2 98% 8MI 28.85 kg/m2 BSA 2.4 m2

Pain Sc Nine (Loc: Back) (Edu: Yes)

Flowsheets:

Infectious Disease Screening, RISK SCREENING, Anthropometrics

SmartForms:

UMMS FACILITY TIME

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 4/5/2021 2:11 PM

None

Visit Diagnoses

Lumbar hemia K45.8

Printed by Lynn Miller, RN at 4/7/21 9:57 AM

Page 3 of 4

Case 8:23-cv-01481-PJM Document 26-20 Filed 11/18/23 Page 13 of 31 04/08/2021 10:54 UMMC General Surgery (FAX)410 328 5919 P.005/009

Encounter Date: 04/05/2021 Pollard, Charles L (MRN 0001232796) DOB:

Printed by Lynn Miller, RN at 4/7/21 9:57 AM

Page 4 of 4

Case 8:23-cv-01481-PJM Document 26-20 Filed 11/18/23 Page 14 of 31 (FAX)410 328 5919 P, 006/009

04/08/2021 10:54 UMMC General Surgery

General Surgery Posting Sheet

Patient's Full Name: FOLLARD, Charles Medic	al Record #: 1232	196
Age: 61 Weight: 237 DOI	of Sleep Apnea: Yes	in No.
Diagnosis: (ICD-9 Code) K45.8 Lumbar hemia		
Allergies: Latex Medication: Penicillir.	Other:	
Admit Type: SDS SDA 23-hr Inpatient; Unit	/Room #	□ VA
History of Pacemaker/ICD: Yes No (If yes, include make and model (if avail		
Presence of Implants (e.g., Corneal, etc.): Yes No Implant:		
Isolation Requirements: None MRSA VRE ACB AFB		
	At	
Procedure and Surgeon Informa	Estimated	
Procedure: Open lumber hernie repoir	Length of Procedure	
The state of the s	1.5hr	11 . 7
		0., 100.0
Laparoscopic vs. Possible Open		
Open CPT code		
		3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Innote		Bill Market and Control
		THE COLUMN AND ADDRESS OF THE COLUMN AND ADD
Laparoscopic vs. Possible Open Open	-	
☐ CPT code		
Comments: Ph: 410 · 540 · 6521	PCP: CONZON	
	- 10.84	0.63-1
	Specialist:	
Urgent 2		A. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
Date of Surgery: Total Estimated Case Length:	Sul	*
Surgeon Availability: 1st Case 2nd Case 3st Case Other:		
Anesthesia Type: General Regional Local Local w/sed C	other	
Blood Products: Yes No T&C T&S # of units (PRBC/whole/FF	P)	
Special Equipment Needs:		
Post-Op Destination: MTC Bed Request Made to Op C	enter Yes	No



29 South Greens Street Baltimore, MD 21201 410-328-5187 410-328-5919 Fax

		Date _ 4.8.3031
To whom it may concern:		
Mr. Charles Pollard	L	_was seen for a surgical consult for
open lumber hernik	a repair	
Please fax the following information:	2	
Cardiac Clearance	Submission	Hepatology Clearance
Pulmonary Clearance	www.	Neurology Clearance
Medical Clearance	Approximately	Vascular Clearance
Other:		
Please include all diagnostic studies / tes undergo general anesthesia for the above received.		
Please fax results and clearance letter to		Manual 1
Attention:	Lynn RN Nurse Coordinator 410.328.3655 Fax: 443.462.3258	
Please do not hesitate to contact the office	e with any questions or cond	eems, Thank you for participating in

04/08/2021 10:54 UMMC General Surgery

(FAX)410 328 5919

P.008/009



Andres Bafford, MD Jonathan Pearl, MD Douglas Turner, MD Richard Birkett, MD Stephen Kavic, MD

DIVISION OF GENERAL AND ONCOLOGIC SURGERY
UNIVERSITY OF MARYLAND MEDICAL CENTER
22 SOUTH GREENE STREET, BALTIMORE, MARYLAND 21201
PHONE: 410-328-6187 FAX: 410-328-5919

DEA REG. NO_

ADDRESS BOO Maryland House of Corrections Rd DATE 4.8.202

Result MD 2074

Pre-operative Testing for Surgery:

History and Physical

History and Physical
CBC with Differential
Complete Metabolic Panel
PT / INR
EKG (if over 40 years of age)
Pregnancy Test (if applicable / of childbearing age

PLEASE FAX RESULTS TO: Gwen at 443-462-3258 (phone: 410-328-8263)

SMS AUTO MANULULES PRO PRO PREVIOLENSIGNATURE

REFILL TIMES

Stephen M. Kovic M.D. M. Lynn Miller BSD RD

Pollard MR - 000659 Date: 04/05/2021

Name: POLLARD, CHARLES



Andrea Bafford, MD Jonathan Pearl, MD Douglas Turner, MD Richard Birkett, MD Stephen Kavic, MD

DIVISION OF GENERAL AND ONCOLOGIC SURGERY
UNIVERSITY OF MARYLAND MEDICAL CENTER
22 SOUTH GREENE STREET, BALTIMORE, MARYLAND 21201
PHONE: 410-328-6187 FAX: 410-328-5919

DEA REG. NO_

	NAME FOLLARD, Charles AGE 61428
	ADDRESS 600 Noryland fouse of Corvertions Rd; DATE 4-8-300; SARS COV-2 (Covid-19) Qual, NAA Nasal swab PRE-OP Testing: Z01.818
	Please fax results to 443.462.3258 Questions: 410.328.6187
7	SHEGWEN SIGNATURE MD
ŧ	

Testing needs to be done within 96 hour surgery window with results available the day prior to surgery.

04/08/2021 10:54 UMMC General Surgery

(FAX)410 328 5919

P.009/009



Andrea Bafford, MD Jonathan Pearl, MD Douglas Turner, MD Richard Birkett, MD Stephen Kavic, MD

DIVISION OF GENERAL AND ONCOLOGIC SURGERY
UNIVERSITY OF MARYLAND MEDICAL CENTER
22 SOUTH GREENE STREET, BALTIMORE, MARYLAND 21201
PHONE: 410-328-6187 FAX: 410-328-5919
DEA REG. NO.....

ADDRESS BOO Maryland fouse of Corvertions Rd; DATE 4-8-2029

By SARS CoV-2 (Covid-19) Qual, NAA

Nasal swab

PRE-OP Testing: Z01.818

Please fax results to 443,462,3258 Questions: 410,328,6187

PHYSICIAN SIGNATURE

PHYSICIAN SIGNATURE

PHYSICIAN SIGNATURE

PHYSICIAN SIGNATURE

Testing needs to be done within 96 hour surgery window with results available the day prior to surgery.

Pollard MR - 00066 Jate: 04/05/2021

P.003/004



Andrea Bafford, MD Jonathan Pearl, MD Douglas Turner, MD Richard Birkett, MD Stephen Kavic, MD

DIVISION OF GENERAL AND ONCOLOGIC SURGERY
UNIVERSITY OF MARYLAND MEDICAL CENTER
22 SOUTH GREENE STREET, BALTIMORE, MARYLAND 21201
PHONE: 410-328-6187 FAX: 410-328-5919

1410-328-5919 DEA REG. NO_____

NAME POLLARD, Charles

AGE 6/418

ADDRESS 800 Maryland House of Convections Rd DATE 4.8-2021

 $\mathcal{B}_{\mathcal{K}}$

Pre-operative Testing for Surgery:

History and Physical
CBC with Differential
Complete Metabolic Panel
PT / INR
EKG (If over 40 years of age)
Pregnancy Test (If applicable / of childbearing age

PLEASE FAX RESULTS TO: Gwen at 443-462-3258 (phone: 410-328-8263)

Smfavro / ADMILLES PO PO PRIVICIAN SIGNATURE

REFILL D TIMES

Stephen M. Kovic U.D./ M. Lynn Miller BSD PD

Pollard MR - 000662 ate: 04/05/2021

Case 8:23-cv-01481-PJM Document 26-20 Filed 11/18/23 Page 20 of 31 5/20/2021 12:42:30 PM PAGE 2/003 Fax Server

TRF1

Page 1 of 2

Adm Date: 05/19/21

DC Date: 05/19/21

Name: Pollard. Charles L

MRN: M01051120

DOB:

Facility: UMMC MIDTOWN CAMPUS

Operative Note signed by Stephen M. Kavic, MD at 05/20/21 1236

Author: Stephen M. Kavic, MD

Service: General Surgery

Filed: 05/20/21 1236 Editor: Stephen M. Kavic, MD (Physician)

Date of Service: 05/19/21 1200

Author Type: Physician

Status: Signed

OPERATIVE REPORT

PATIENT NAME: POLLARD, CHARLES L.

MRN: M01051120 DATE OF BIRTH:

CSN: 5065110582

DATE OF ADMISSION: 05/19/2021

DATE OF SURGERY: 05/19/2021

PREOPERATIVE DIAGNOSIS:

Lumbar hernia.

POSTOPERATIVE DIAGNOSIS:

Lumbar hernia

PROCEDURE:

Open repair of lumbar hernia.

SURGEON:

Stephen M. Kavic, M.D.

ASSISTANT:

Catherine Calvert, M.D.

ANESTHESIA:

General endotracheal.

PREPARATION:

ChloraPrep.

ESTIMATED BLOOD LOSS:

Minimal.

INDICATIONS:

The patient is a 62-year-old man presenting with signs and symptoms of a symptomatic recurrent lumbar

DESCRIPTION OF PROCEDURE:

The patient was brought to the operating theater and placed supine on the operating table. After induction of general anesthesia, he was positioned in lateral decubitus position with the right side up. The patient's back was prepped and draped in standard sterile fashion and the patient's previous incision was reopened to a distance of 3 cm followed by vertical extension of an additional 3 cm. This was located over the primary bulge. Dissection around the subcutaneous tissues revealed the herniated fat contents. This was reduced through a defect that was approximately 3 x 3 cm. The musculofascial layers around the hernia defect were then reapproximated using 0 Ethibond suture. A total of 5 sutures were used. Once these were tied, I opted to perform a mesh repair by using a 15 x 10 cm piece of uncoated polyester mesh. This was cut in half and placed overlying the defect. It was secured to the fascia using interrupted 2-0 Prolene. Once this was

Case 8:23-cv-01481-PJM Document 26-20 Filed 11/18/23 Page 21 of 31

TRF1

5/20/2021 12:42:30 PM PAGE 31444

Name: Pollard, Charles L

MRN: M01051120

DOB:

Facility: UMMC MIDTOWN CAMPUS

Operative Note signed by Stephen M. Kavic, MD at 05/20/21 1236 (continued)

Page 2 of 2 Adm Date: 05/19/21 DC Date: 05/19/21

complete, the hernia was repaired with good effect, so the subcutaneous tissues were reapproximated using 3-0 Vicryl and the skin closed using 4-0 absorbable subcuticular stitch. The skin was cleaned and sterile dressings were applied. The patient tolerated the procedure well. There were no intraoperative complications, The sponge, needle and instrument counts were reported to be correct at the end of the case and the patient was successfully extubated and transferred to recovery room in stable condition. Please note that I was present and scrubbed for the entire procedure.

AVS/DISCHARGE INSTRUCTIONS

UNIVERSITY MARYLAND
MEDICAL CENTER
MIDTOWN CAMPUS

Charles L. Pollard Date of birth:

5/19/2021 OMTC PERI OP University Of Maryland Medical Center Midtown Campus & 410-225-8000

Instructions



Talk with your provider about your medications

? ASK how to take: ezetimibe 10 MG tablet (ZETIA)

Review your updated medication list below.

Information on File

© 410-540-6304 (Home Phone) 410-540-6304 (Mobile)

JCI

№ 800 MARYLAND HOUSE OF CORRECTIONS ROAD
JESSUP Maryland 20794

Preferred language: English Date of birth:

Ethnicity: Not Hispanic or Latino Race: Black or African American

Your Latest Vitals

Blood Pressure 121/73



30.19



Weight 248 lb



Temperature (Tympanic) 97.3 °F

8SA 2.46 m²





Respiration

Oxygen Saturation

Special Note About Your Blood Pressure

We documented your last blood pressure as 121/73. One or more of your blood pressures measured during your stay was abnormal. This may be due to many conditions, including pain and stress. We strongly recommend you follow up as we discussed with your primary care physician for further evaluation of your blood pressure.

Blood Pressure Measurements (last 72 hours)

biood Fressure ivieasuremen	its (last 72 nours)		
Vital Sign	MIN **	AVG	MAX
BP: Systolic	121	124	127
BP: Diastolic	73	78.50	84

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Special Note About Your Blood Pressure (continued)

Why Do Some of My Diagnoses Also Say (HCC)?*

*HCC stands for Hierarchical Condition Category. It refers to a system of medical coding used by insurance companies to determine patients' future medical needs. Some but not all medical diagnoses get this abbreviation attached.

You are allergic to the following

Allergen Reactions
Penicillins Not Noted

Immunizations

Immunizations from registries, colored red below, may not be present in the patient's chart and need to be manually reconciled.

PFIZER COVID-19 VACCINE

3/23/2021

Diet/Activity/Dressing Change

Discharge Diet

Dietary Orders (From admission, onward)

None

Discharge Activity
Dressing

No Strenuous Activity See discharge instructions

For Medical Questions Directly Related to This Admission, You May Contact a Member of Your Treatment Team Listed Here:

						Primary office
Provider	Role	Provider Team	Specialty	From	То	phone
Stephen M. Kavic, MD	Attending Provider	Anne	Surg, Laparoscopic	05/19/21 0904	_	410-328-6187

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Follow-Up Instructions
Follow up with Stephen M. Kavic, MD in 3 week(s)

22 S. Green e Street S4B09 Baltimore MD 21201 410-328-7592

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Medication List - Take as directed

② Store all medication in a safe and secure place- away from children and pets. Do not share medications. Use child safety caps as appropriate. Contact your local pharmacist for guidance on how to dispose of all unused medications safely.

TAKE these medications

A CONTRACTOR	Morning	Afternoon	Evening	Bedtime	As Needec
amLODIPine 5 MG tablet Commonly known as: NORVASC Take 5 mg by mouth daily.				The state of the s	
aspirin 81 MG tablet delayed release Take 81 mg by mouth daily.		And the second s			
atorvastatin 80 MG tablet Commonly known as: LIPITOR Take 80 mg by mouth daily.					
baclofen 20 MG tablet Take 20 mg by mouth 2 times daily as needed.		en transfer de la companya de la com			TO THE PROPERTY OF THE PROPERT
ibuprofen 800 mg tablet Take 800 mg by mouth 2 times daily as needed.		Windowski (Allandaria)		and the state of t	opposition of the second of th
metFORMIN 500 MG tablet Commonly known as: GLUCOPHAGE Take 500 mg by mouth daily.					
pregabalin 200 MG capsule Commonly known as: LYRICA Take 200 mg by mouth 2 times daily.					

ASK your doctor about these medications

		Morning	Afternoon	Evehing	Bedtime	As Needed
(3)	ezetimibe 10 MG tablet Commonly known as: ZETIA Take 10 mg by mouth daily.					

MyPortfolio Account Activation Instructions

Thank you for your interest in MyPortfolio, our Patient Portal. Please follow the instructions below to securely access your online medical record.

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MyPortfolio Account Activation Instructions (continued)

How Do I Sign Up?

- 1. In your internet browser, go to https://myportfolio.umm.edu or https://myportfolio.umpcp.com. If you have a QR Scanner app on your mobile device you can scan the QR code located under your access code.
- 2. If you scanned the QR code, skip this step and go to step # 3. If you are using your browser, click on the **Sign Up**Now link in the Sign In box. You will see the New Member Sign Up page.
- 3. Enter your MyPortfolio Access Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyPortfolio Access Code: 6MRM7-W73N7 Expires: 7/4/2021 1:11 PM



MyPortfolio QR Code:

- 4. Enter your Date of Birth (mm/dd/yyyy) as indicated and click Submit. You will be taken to the next sign-up page.
- 5. Create a MyPortfolio ID. This will be your MyPortfolio login ID, so think of one that is secure and easy to remember.
- 6. Create a MyPortfolio password. You can change your password at any time.
- 7. Enter your Password Reset Question and Answer. This can be used at a later time if you forget your password.
- 8. Enter your e-mail address. You will receive e-mail notification when new information is available in MyPortfolio.
- 9. All communications from MyPortfolio will be addressed as "DoNotReply@myportfolio.umm.edu". To guarantee future messages are not blocked, please add DoNotReply@myportfolio.umm.edu to your address book.
- 10. Click Sign Up. You can now view your medical record.

For questions or technical difficulties with MyPortfolio, contact the MyPortfolio Support Team toll-free at 844-281-8667 or via email at myportfoliosupport@umm.edu or myportfoliosupport@mpcp.com.

Your MyPortfolio account has the ability to share health information with third party apps that have developed connections with our software. These apps are not affiliated with the University of Maryland Medical System, but you can authorize your MyPortfolio account to share certain information with the apps. If you would like to share part of your health information with an app, just enter your MyPortfolio ID and password when prompted in the app. If the app has the ability to connect with our software, the app will have access only to the information you choose to share within your MyPortfolio account.

MyPortfolio Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to https://myportfolio.umm.edu/MyChart/, click "Sign Up Now", and enter your personal activation code: 6MRM7-W73N7. Activation code expires 7/4/2021.

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Instructions

General Anesthesia

WHAT YOU NEED TO KNOW:

You will feel tired and sleepy after anesthesia. It may take some time before you feel like you are back to normal. General anesthesia remains in your body for at least 24 hours.

DISCHARGE INSTRUCTIONS:

Call 911 if:

- · You have trouble breathing.
- You have any of the following signs of a heart attack:
 - · Squeezing, pressure, or pain in your chest
 - You may also have any of the following:
 - Discomfort or pain in your back, neck, jaw, stomach, or arm
 - · Shortness of breath
 - Nausea or vomiting
 - · Lightheadedness or a sudden cold sweat
- · Your leg feels warm, tender, and painful. It may look swollen and red.

Seek care immediately if:

- · You continue to have nausea and vomiting after 24 hours.
- Your pain is worse even after medicine.

Contact your surgeon if:

- · You have a fever.
- · You develop a rash, hives, itching, or swelling.

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Instructions (continued)

- · Your incision is swollen, red, or draining pus or fluid.
- · You have nausea, or you are vomiting.
- · You cannot have a bowel movement.
- · Your pain does not get better after taking pain medicine.
- · You have questions or concerns about your condition or care.

Medicines: You may need any of the following:

- Prescription pain medicine may be given. Ask your healthcare provider how to take this medicine safely.
- NSAIDs, such as ibuprofen, help decrease swelling, pain, and fever. This medicine is available with or without a
 doctor's order. NSAIDs can cause stomach bleeding or kidney problems in certain people. If you take blood thinner
 medicine, always ask your healthcare provider if NSAIDs are safe for you. Always read the medicine label and follow
 directions.
- Take your medicine as directed. Contact your healthcare provider if you think your medicine is not helping or if
 you have side effects. Tell him or her if you are allergic to any medicine. Keep a list of the medicines, vitamins, and
 herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up
 visits. Carry your medicine list with you in case of an emergency.

Care for your wound as directed: Carefully wash around your wound. It is okay to let so ap and water run over your wound. Do not scrub your wound. Dry the area and put on new, clean bandages as directed. Change your bandages when they get wet or dirty. If you have strips of medical tape over your incision, allow them to fall off on their own. Do not get in a bathtub, swimming pool, or hot tub until your healthcare provider says it is okay.

Self-care:

- Eat a variety of healthy foods. Healthy foods include fruits, vegetables, whole-grain breads, low-fat dairy products, beans, lean meats, and fish. Healthy foods may help you heal faster. Ask if you need to be on a special diet.
- **Drink liquids as directed.** Liquids may prevent constipation and straining during a bowel movement. This will help prevent pressure on your incision, and another hernia from happening. Ask how much liquid to drink each day and which liquids are best for you.

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Instructions (continued)

- Apply ice on your incision for 15 to 20 minutes every hour or as directed. Use an ice pack, or put crushed ice in a plastic bag. Cover it with a towel, Ice helps prevent tissue damage and decreases swelling and pain.
- Take deep breaths and cough 10 times each hour. This will decrease your risk for a lung infection. Take a deep breath and hold it for as long as you can. Let the air out and then cough strongly. Deep breaths help open your airway. You may be given an incentive spirometer to help you take deep breaths. Put the plastic piece in your mouth and take a slow, deep breath, then let the air out and cough. Repeat these steps 10 times every hour. Press a pillow lightly against your incision when you cough. This may decrease pain or discomfort.
- Wear a binder as directed. Your healthcare provider may tell you to wear a binder over your incision. A binder is an
 elastic bandage that wraps around your abdomen and over your incision. It fits snug and helps decrease pain when
 you move or cough.

Driving: Do not drive for at least one week after surgery. Do not drive if you are taking prescription pain medication. Ask your healthcare provider when it is safe for you to drive.

Activity: Do not lift anything heavy until your healthcare provider says it is okay. This may put too much pressure on your incision and cause it to come apart. It may also increase your risk for another hernia. Do not play sports for 2 to 3 weeks. Ask your healthcare provider when you can return to work and your normal activities.

Follow up with your healthcare provider as directed: Write down your questions so you remember to ask them during your visits.

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The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.

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Instructions (continued)

· You have questions or concerns about your condition or care.

The first 24 hours after general anesthesia:

- · Rest as much as possible. Have someone stay with you. If you have small children, have someone help to take care of them.
- · Drink plenty of liquids. Do not drink alcohol. General anesthesia can cause you to become dehydrated. Alcohol can make dehydration worse.
- · Eat light meals and snacks. This may help you manage nausea and vomiting.
- · Do not drive. Do not operate mechanical or electrical equipment.
- · Do not make important decisions. An example is signing legal documents.

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Discharge Instructions - Same Day Surgery

Medications

New prescriptions:

Percocet, take 1-2 tablets, every 4-6 hours as needed for pain. X 3 days A Kavic/884, RN Colace, 1 tablet, twice a day Colace, 1 tablet, twice a day.

You may resume all of your usual medications starting tomorrow.

Diet

Regular

You may find that your taste and appetite is different from normal for the next 24∤36 hours. This is a normal side effect of surgery and anesthesia. There are no medical restrictions on your eating.

Activity

No heavy lifting. Do not lift anything over 20 pounds.

Normal aerobic activity, such as walking, going up and down stairs, and light joggling may be resumed immediately.

Hygiene

You may shower or bathe as you normally do, starting the day after surgery. Soad and water will not affect wound healing.

Do not scrub the incisions vigorously.

If you will be in prolonged sunlight, use sunblock on the incisions.

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Instructions (continued)

Your stitches are all on the inside, and dissolvable. You will not need to have anything removed, but you may feel the stitch as a small bump or knot just under the skin.

If there are any questions, the office answers 24/7:

410-328-6187

Follow up appointments may be scheduled at 410-328-7592. Office hours are every Monday, and we will expect to see you again in 2-3 weeks. **Ventral Hernia Repair**

WHAT YOU NEED TO KNOW:

A ventral hernia repair is surgery to fix a ventral hernia. A ventral hernia may be repaired if the hernia is preventing blood flow to organs or blocking the intestines. It may be done laparoscopically or open. Laparoscopically means that your healthcare provider will use several small incisions to fix the hernia. In an open repair, your healthcare provider will make one incision to fix your hernia.

DISCHARGE INSTRUCTIONS:

Call 911 for any of the following:

- · You feel lightheaded, short of breath, and have chest pain.
- · You cough up blood.
- · You have trouble breathing.

Seek care immediately if:

- · Your arm or leg feels warm, tender, and painful. It may look swollen and red.
- · Blood soaks through your bandage.
- · Your abdomen feels hard and looks bigger than usual.
- · Your bowel movements are black, bloody, or tarry-looking.

Contact your healthcare provider if:

- You have a fever above 101° F.
- · You develop a skin rash, hives, or itching.

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